

APPLICATION FOR AN INDUSTRIAL HEMP LICENCE

(For guidance, please refer to the *Guidance Document for the Industrial Hemp Regulations - Application for an Industrial Hemp Licence*)

(aussi disponible en français)

Have you previously been licensed or authorized under the <i>Industrial Hemp Regulations</i> ? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Application for <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Cooperative <input type="checkbox"/> Partnership	File Number (if available) 9636-8-_____	
Registered Name of Corporation, Cooperative, or Partnership (if applicable) (see Appendix 1)		
NOTE: 1. If the application is for a corporation or cooperative, submit a copy of the certificate of incorporation or other constitution instrument. 2. If the application is for a corporation, cooperative, or partnership, submit a copy of any document registering with a province the name and style under which it operates or intends to operate. In addition, Appendix 1 - Information on Officers, Directors, and/or Partners must be completed and a Criminal Record Check document must be submitted for <u>each</u> officer, director, or partner.		
1. APPLICANT CONTACT INFORMATION*		
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss	Surname	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
First Given Name	Second Given Name	Date of Birth (Year / Month / Day)
Mailing Address (including PO Box, if applicable)		
City/Town	Province	Postal Code
Telephone Number	Fax Number (if applicable)	Email Address (if applicable)
Preferred Language of Communication Written: <input type="checkbox"/> English <input type="checkbox"/> French Verbal: <input type="checkbox"/> English <input type="checkbox"/> French		Preferred Method of Communication <input type="checkbox"/> Telephone <input type="checkbox"/> Email
Criminal Record Check Document	<input type="checkbox"/> Original submitted with Application <input type="checkbox"/> To be forwarded directly by Police detachment (by fax or mail).	

* Please notify the Office of Controlled Substances of any change to your contact information, as this will be used for future communication.

FOR OFFICE USE ONLY

Date Fax Received (if applicable)	Date Original Received
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SECTION 2: CULTIVATION AND/OR PLANT BREEDING OF INDUSTRIAL HEMP

Each site to be licensed must be assigned a site number (e.g. 1,2,3,4 etc).

Applicant Surname		Given Name			File Number (if available): 9636-8-_____			
Site Number	Activity ¹	Legal Location	Approved Cultivar Name and Seed Certification Information (optional) ²	Number of Hectares (ha)				Name of the Landowner ⁴
				Seed ³	Viable Grain	Fibre	Total	
	<input type="checkbox"/> Cultivation <input type="checkbox"/> Plant Breeding	<input type="checkbox"/> GPS coordinates and map attached						<input type="checkbox"/> Owned by Applicant <input type="checkbox"/> Owned by: _____
	<input type="checkbox"/> Cultivation <input type="checkbox"/> Plant Breeding	<input type="checkbox"/> GPS coordinates and map attached						<input type="checkbox"/> Owned by Applicant <input type="checkbox"/> Owned by: _____
	<input type="checkbox"/> Cultivation <input type="checkbox"/> Plant Breeding	<input type="checkbox"/> GPS coordinates and map attached						<input type="checkbox"/> Owned by Applicant <input type="checkbox"/> Owned by: _____
	<input type="checkbox"/> Cultivation <input type="checkbox"/> Plant Breeding	<input type="checkbox"/> GPS coordinates and map attached						<input type="checkbox"/> Owned by Applicant <input type="checkbox"/> Owned by: _____
	<input type="checkbox"/> Cultivation <input type="checkbox"/> Plant Breeding	<input type="checkbox"/> GPS coordinates and map attached						<input type="checkbox"/> Owned by Applicant <input type="checkbox"/> Owned by: _____
	<input type="checkbox"/> Cultivation <input type="checkbox"/> Plant Breeding	<input type="checkbox"/> GPS coordinates and map attached						<input type="checkbox"/> Owned by Applicant <input type="checkbox"/> Owned by: _____

- NOTE:
1. If plant breeding, proof of Recognition as a Plant Breeder issued by the Canadian Seed Growers' Association must be submitted.
 2. Optional: Seed Certification Information includes crop certificate, pedigreed reference and lot numbers, pedigreed seed class and official certification agency.
 3. If cultivating for seed, you must provide Proof of Membership with the Canadian Seed Growers' Association (CSGA), which displays your CSGA number, see Guidance Document.
 4. If the applicant does not own the land, an original, signed consent statement from the landowner must be submitted, see Appendix 2.

Cultivation Page ____ of ____

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3. ADDITIONAL ACTIVITIES TO BE SPECIFIED ON THE LICENCE

Each site to be licensed should be assigned a site number (e.g. 1, 2, 3, 4, etc.). Please complete the following table for **each site** at which the applicant intends to engage in activities with industrial hemp:

Site Number	Address or Legal Land Description (P.O. Box is not acceptable)	Activity and Form of Industrial Hemp (Check all that apply)		Section
	Address	<input type="checkbox"/> Storage	<input type="checkbox"/> seed <input type="checkbox"/> grain <input type="checkbox"/> non-viable grain	
		<input type="checkbox"/> Distribution (Sell/Provide)	<input type="checkbox"/> seed <input type="checkbox"/> grain	
		<input type="checkbox"/> Importation	<input type="checkbox"/> seed <input type="checkbox"/> grain go to section →	4
	City/Town	<input type="checkbox"/> Exportation	<input type="checkbox"/> seed <input type="checkbox"/> grain	
	Province	<input type="checkbox"/> Processing go to section →		5
	Postal Code	<input type="checkbox"/> Viability Testing go to section →		6
	<input type="checkbox"/> Records Storage Site	<input type="checkbox"/> Production of derivative and/or product go to section →		7
	Address	<input type="checkbox"/> Storage	<input type="checkbox"/> seed <input type="checkbox"/> grain <input type="checkbox"/> non-viable grain	
		<input type="checkbox"/> Distribution (Sell/Provide)	<input type="checkbox"/> seed <input type="checkbox"/> grain	
		<input type="checkbox"/> Importation	<input type="checkbox"/> seed <input type="checkbox"/> grain go to section →	4
	City/Town	<input type="checkbox"/> Exportation	<input type="checkbox"/> seed <input type="checkbox"/> grain	
	Province	<input type="checkbox"/> Processing go to section →		5
	Postal Code	<input type="checkbox"/> Viability Testing go to section →		6
	<input type="checkbox"/> Records Storage Site	<input type="checkbox"/> Production of derivative and/or product go to section →		7

4. IMPORTATION OF INDUSTRIAL HEMP

List the Site Number(s) from section 3, to which you intend to import industrial hemp and provide the following additional information:

Operator of the Authorized Importer Establishment Information			
Site Number	Surname of the Licensed Operator	First Given Name	Second Given Name
Operator number		Establishment number	
NOTE: A copy of the certificate of Registration issued to the Authorized Importer, Registered Seed Establishment and a copy of the licence issued to the operator of the Authorized Importer, issued under Part IV of the <i>Seeds Regulations</i> must be submitted.			

* Please submit additional pages for additional sites, if needed.

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5. PROCESSING INDUSTRIAL HEMP

Refer to Section 3 and list the Site Number(s) at which you intend to process industrial hemp and provide the following information:

Site Number	Activity	Form (Check all that apply)	
	<input type="checkbox"/> Cleaning	<input type="checkbox"/> Seed <input type="checkbox"/> Viable Grain	NOTE: If cleaning or conditioning <u>seed for sowing</u> , copies of the Certificate of Registration for the Approved Conditioner Registered Seed Establishment and the licence issued to the Operator of the Approved Conditioner, issued under Part IV of the <i>Seeds Regulations</i> must be submitted.
	<input type="checkbox"/> Conditioning	<input type="checkbox"/> Seed <input type="checkbox"/> Viable Grain	
	<input type="checkbox"/> Pressing for Oil	<input type="checkbox"/> Seed <input type="checkbox"/> Viable Grain	<input type="checkbox"/> Non-viable Grain
	<input type="checkbox"/> Rendering non-viable	<input type="checkbox"/> Seed <input type="checkbox"/> Viable Grain	Approved Method:
Operator of the Approved Conditioner Establishment Information (if applicable)			
Surname		First Given Name	Second Given Name
Establishment No.		Licensed Operator No.	

* Please submit additional pages for additional sites, if needed.

6. INDUSTRIAL HEMP VIABILITY TESTING LABORATORY

A copy of the certificate or letter of accreditation for the laboratory, under Section 14 of the *Canadian Agriculture Products Act*, must be submitted.

Senior Analyst responsible for ensuring compliance with Regulations	Accredited Seed Lab No.
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7. PRODUCTION OF DERIVATIVES AND/OR PRODUCTS

Site Number	Please provide a detailed description of the production, including the initial form of industrial hemp, the production activities to take place, and the final derivatives and/or product(s)

*Please submit additional pages for additional sites, if needed.

8. APPLICATION CERTIFICATION

For the authorization(s) and licence(s) requested, the following statements must be signed by the individual responsible for ensuring compliance with the requirements of the *Controlled Drugs and Substances Act* (CDSA) and the *Industrial Hemp Regulations*.

I hereby certify that:

1. All information and documents submitted in support of this application, including the information submitted on any attached documentation, are correct and complete to the best of my knowledge.
2. If this licence application is submitted on behalf of a corporation, cooperative, or partnership, I, being one of its officers, directors, or partners, am in a position of authority with respect to binding the applicant.
3. I have read and understand the security measures required by the *Industrial Hemp Regulations* in respect of the activity(ies) for which a licence or authorization is requested, and state that I, or in the case of a corporation, cooperative, or partnership, the applicant, will meet these requirements.

Signature _____

Date _____

Printed Name _____

CONSENT TO PUBLICATION OF CONTACT INFORMATION

I, being the applicant, consent to the inclusion of my name, the company name, e-mail and mailing address, telephone and facsimile numbers on a list of licensed individuals or companies to be published by Health Canada.

Yes

No

Signature _____

9. SUBMISSION

Please submit the completed, original application form and accompanying documents to:

Industrial Hemp Section
Office of Controlled Substances
Health Canada
AL 0300B
Ottawa ON K1A 0K9

IMPORTANT !

1. Applications are processed on a first come, first served basis.
2. All mandatory information requested must be provided to avoid delays in processing your application.
3. Please retain a photocopy of this application for your records.
4. Submission of an application form does not constitute an authorization to commence an activity requiring a licence.

If you have questions regarding this application, please contact the Industrial Hemp Section, Health Canada at (613) 954-6524 or by email at hemp@hc-sc.gc.ca.

**APPLICATION FOR AN INDUSTRIAL HEMP LICENCE
CHECKLIST FOR THE APPLICATION FOR AN INDUSTRIAL HEMP LICENCE**

This checklist is provided to assist you in ensuring that all the required information has been included in your application for an Industrial Hemp Licence. Incomplete applications will be put on hold until the required information is received.

Please ensure the following information and documents are submitted with your application, where applicable:

- Section 1:
- Criminal Record Check document:** an original copy for each individual or each director, officer, or partner of corporations/ cooperatives/ partnerships has been submitted.
 - Certificate of Incorporation or Evidence of Partnership:** where an applicant is identified as a corporation/cooperative/partnership, a copy of the Certificate of Incorporation and any document filed with the province stating the applicant's corporate name and any other name registered with a province (if applicable), or evidence of a partnership has been submitted.
- Section 2:
- Map and GPS Coordinates:** for each site to be cultivated, GPS coordinates and a map, showing the location of the site in terms of its legal description, have been submitted.
 - Consent to Use of Land for Cultivation by Landowner:** if cultivation will take place on land owned by a third-party (i.e. not owned by the applicant), the original written consent, from the landowner has been submitted for each site (see Appendix 2).
 - Proof of Canadian Seed Growers' Association (CSGA) Membership:** if cultivation is for pedigreed seed, acceptable proof of current CSGA membership, in the form of a copy of the **certificate** issued by the CSGA or a letter from the CSGA confirming membership has been submitted.
 - Proof of Plant Breeder Designation:** if the applicant is cultivating to produce breeder seed or a new variety of industrial hemp, evidence that s/he is a plant breeder recognized by the Canadian Seed Growers' Association.
- Section 3:
- Complete Legal Land Description/Address:** the complete legal land description for each site at which activities with industrial hemp are to be conducted has been provided. Please remember to assign each site its own unique site number.
- Section 4:
- Authorized Importer's Operator licence:** a copy of this licence issued by the CFIA has been submitted.
- Section 5:
- Certificate of Registration:** if the application is for conditioning seed, a copy of the *Certificate of Registration* for the establishment at which the conditioning will take place has been submitted.
 - Approved Conditioner's Operator licence:** a copy of this licence issued by CFIA has been submitted.
- Section 6:
- If the application is for the viability testing of industrial hemp, a copy of the certificate or letter of accreditation under Section 14 of the *Canadian Agriculture Products Act* has been submitted.
- Section 9:
- The original of the application, with original signatures has been submitted.

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APPENDIX 1: INFORMATION ON OFFICERS, DIRECTORS AND / OR PARTNERS

Complete information is required for each officer, director or partner of the corporation, cooperative, or partnership.

Applicant Surname		Given Name			File number (if available): 9636-8-_____	
The Police Criminal Record verification document for each person listed:						
<input type="checkbox"/> Original submitted						
<input type="checkbox"/> Original being forwarded directly by Policy by fax and/or mail						
Registered Name of Corporation, Cooperative, or Partnership:						
Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/>	Surname	First Given Name	Second Given Name	<input type="checkbox"/> Male	Title/Position	Date of Birth (YYYY/MM/DD)
Ms. <input type="checkbox"/> Miss <input type="checkbox"/>				<input type="checkbox"/> Female		
Address			City/Town	Province	Postal Code	
Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/>	Surname	First Given Name	Second Given Name	<input type="checkbox"/> Male	Title/Position	Date of Birth (YYYY/MM/DD)
Ms. <input type="checkbox"/> Miss <input type="checkbox"/>				<input type="checkbox"/> Female		
Address			City/Town	Province	Postal Code	
Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/>	Surname	First Given Name	Second Given Name	<input type="checkbox"/> Male	Title/Position	Date of Birth (YYYY/MM/DD)
Ms. <input type="checkbox"/> Miss <input type="checkbox"/>				<input type="checkbox"/> Female		
Address			City/Town	Province	Postal Code	
Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/>	Surname	First Given Name	Second Given Name	<input type="checkbox"/> Male	Title/Position	Date of Birth (YYYY/MM/DD)
Ms. <input type="checkbox"/> Miss <input type="checkbox"/>				<input type="checkbox"/> Female		
Address			City/Town	Province	Postal Code	
Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/>	Surname	First Given Name	Second Given Name	<input type="checkbox"/> Male	Title/Position	Date of Birth (YYYY/MM/DD)
Ms. <input type="checkbox"/> Miss <input type="checkbox"/>				<input type="checkbox"/> Female		
Address			City/Town	Province	Postal Code	

